



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
**CHANGE OF GENERAL BAIL BOND STATUS**

P.O. BOX 690 or  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MO 65102  
TELEPHONE: (573) 751-3518  
**THIS FORM MAY BE DUPLICATED**

**INSTRUCTIONS**

Please type or print in ink.

The fee for a duplicate license is \$10.00. Personal checks not accepted. ☐ Check box if you are enclosing the \$10 fee.

If address changes to a state other than Missouri, you must increase your assignment to \$25,000.

GENERAL BAIL BOND LICENSE NUMBER	LEGAL LAST NAME, FIRST NAME, MIDDLE NAME OF GENERAL BAIL BOND AGENT/GENERAL BAIL BOND CORPORATION NAME	<input type="checkbox"/> JR <input type="checkbox"/> SR
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☐ **CHANGE OF ADDRESS** (Notification required within 30 days of change)

NEW RESIDENCE ADDRESS (Required)				
STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)	CITY	STATE	ZIP	HOME PHONE NUMBER
NEW MAILING ADDRESS (Optional)				
STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP	BUSINESS PHONE NUMBER

☐ **CHANGE OF NAME** (Please Attach Documentation)

PREVIOUS NAME
NEW NAME

☐ **CHANGE OF OWNERS, OFFICERS, DIRECTORS** (No fee required for this change)

If there have been any changes of owners, officers, or directors, attach a current listing. Give full name, social security number, title and residence address. Officers must have been a bail bond agent for a minimum of 2 years, have a high school/GED diploma (provide city and state where diploma earned), and provide a notarized affidavit stating they are devoting at least 50% of working time to Missouri bail bond business.

☐ **CHANGE OF BRANCH OFFICES** (No fee required for this change)

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<input type="checkbox"/> <b>DELETION OF LICENSED BAIL BOND AGENTS WORKING UNDER MY AUTHORITY</b>	
BAIL BOND AGENT NAME	SOCIAL SECURITY/LICENSE NO.

DATE	ORIGINAL SIGNATURE OF GENERAL BAIL BOND AGENT (REQUIRED FOR ALL ABOVE CHANGES)
	